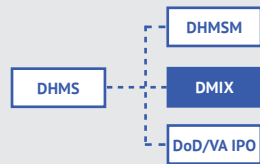


# Defense Medical Information Exchange Program Office



The mission of the Defense Medical Information Exchange (DMIX) is to provide technical solutions for seamless data sharing and interoperable electronic health records (EHRs) that will evolve with national standards.

## INTEROPERABILITY

Is the ability of two or more systems or components to exchange information and to use the information that has been exchanged.

## HOW MUCH DATA IS BEING SHARED\*

**1.5M+**

Data elements are exchanged daily between DoD and VA

**7.4M**

Unique patients for whom records have been exchanged between DoD and VA

\*U.S. Department of Defense/U.S. Department of Veterans Affairs Data Sharing Progress Quarterly Report, Fourth Quarter, Fiscal Year 2014

## LEADERSHIP

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As of January 29, 2015

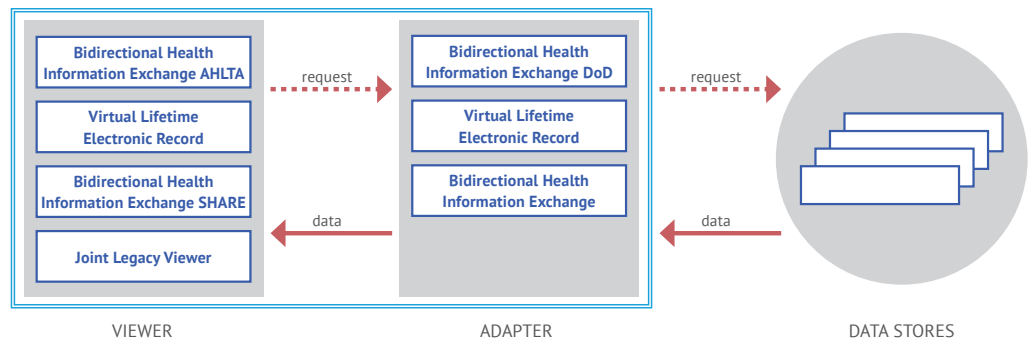
## RECENT ACCOMPLISHMENTS

- Developed FY15 program plan, laying out near- and long-term strategy for supporting enhanced interoperability and data exchange
- Expanded Joint Legacy Viewer (JLV) capacity and functionality, enabling more users to simultaneously access patient data, improving the clinician experience
- Adopting national standards to support data mapping
- Implemented several infrastructure improvements to increase reliability, availability, and predictability of our data sharing systems

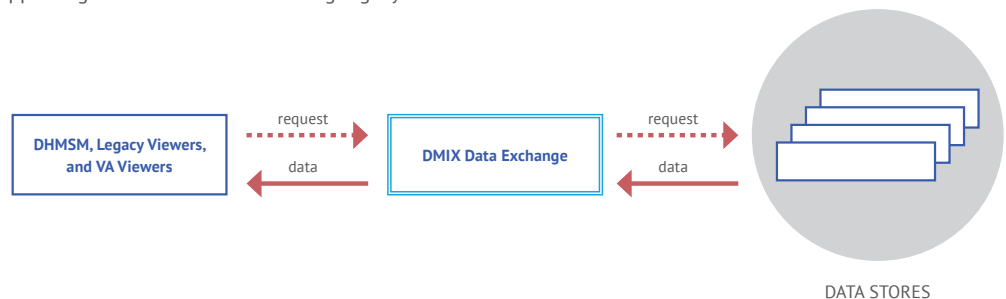
## DATA SHARING STRATEGY

While DoD implements the new health information exchange via the EHR modernization program (DHMSM), the DMIX program will provide technical solutions allowing DoD to increase the level of data shared with VA and private sector. These enhancements will stabilize existing data sharing capabilities and address congressional directives. The second phase of work will enable the modernized EHR to access legacy data, supporting better access to safer, higher-quality care for beneficiaries and providers.

In the near term, DMIX's consolidation of multiple technical solutions will simplify and stabilize the interoperability tools used by clinicians (the end users).



In the long term, existing data viewers and adaptors will be consolidated into a DMIX data exchange supporting the interaction of existing legacy data for the modernized DoD EHR.



## FY15 OBJECTIVES

- Improve data sharing with the VA and with external partners by incorporating additional standardized data domains into Joint Legacy Viewer (JLV)
- Expand and extend JLV and associated infrastructure to accommodate more users and improve overall performance and availability of the tool; collapse legacy viewers and adaptors into a single viewer and data exchange capabilities, and sunset legacy tools
- Enable data sharing interface with the Social Security Administration (SSA) to provide complete DoD patient records electronically for purposes of enhancing claims processing
- Improve the technical infrastructure, which is the system that shares patient medication and allergy data between DoD and VA providers
- Transition the capabilities implemented to support the James A. Lovell Federal Health Care Center - a joint DoD / VA facility in Chicago, IL - into sustainment

## DATA SHARING PROGRAMS

The DoD and VA have several systems for sharing patients' clinical data and promoting quality care. The Departments are continuing to enhance these capabilities to meet the evolving needs of the military community.

### Joint Legacy Viewer (JLV)

Date started: 2013

Purpose: Easy access to integrated view of patient information, including information required for most clinical decisions

Examples: Medications, progress and discharge notes

Outcome: Deployed to 10 sites; additional data domains to be added by end of FY15



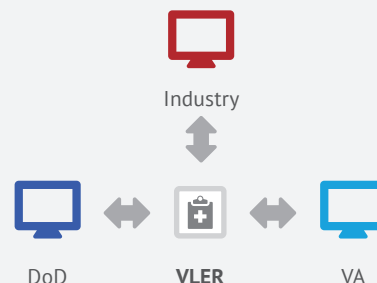
### Virtual Lifetime Electronic Record (VLER)

Date started: 2009

Purpose: Allows public sector (e.g. VA, Social Security Administration) and private sector health care providers secure access to a patient's health record. Enhances data sharing to create more interoperability inside and outside of DoD and VA.

Examples: Continuity of Care Documents

Outcome: Continuously adding patients to the health exchange (i.e. added 3 new health partners in FY14, resulting in the addition of 77,000 new Veterans to the system)



### Bidirectional Health Information Exchange (BHIE)

Date started: 2004

Purpose: Real-time read-only viewing of DoD and VA patient clinical data

Examples: Consultations, patient history and physical reports, theater clinical data

Outcome: Shared data of 5.1 million patients



### Clinical Data Repository/Health Data Repository Exchange (CHDR)

Date started: 2003

Purpose: Two-way exchange between DoD and VA of actionable outpatient pharmacy medication, allergy, and allergy reaction data for beneficiaries that use both DoD and VA health facilities, allowing the information to become part of the patients' permanent medical records

Examples: Outpatient Pharmacy, Allergy, and Allergy Reaction

Outcome: Over 2.1 million beneficiaries served



### Federal Health Information Exchange (FHIE)

Date started: 2002

Purpose: Monthly transfer of discharged Service members' clinical data from DoD to VA

Examples: Pharmacy, radiology, lab results

Outcome: 6.1 million Service members' clinical data transferred to date

